#### CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

## STATEMENT OF ECONOMIC INTERESTS

RECEIVED Date Received
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MAR - 1 2011

**COVER PAGE** 

Please type or print in ink.		(EB)	VER PAGE	BY: KC
NAME OF FILER	(LAST)		(FIRST)	(MIDDLE)
Torres			Norma	Judith
1. Office, Agency, or Court				
Agency Name				
California State Assembly				
Division, Board, Department, District,	f applicable		Your Position	
District 61			Assemblymember	
► If filing for multiple positions, list be	low or on an atta	chment.		
Agency:			Position:	
2. Jurisdiction of Office (Check	k at least one bo	)X)		
State		•	☐ Judge (Statewide Jurisdiction)	
Multi-County			County of	· · · · · · · · · · · · · · · · · · ·
City of	<del></del>		Other	
3. Type of Statement (Check at	least one box)			······································
Annual: The period covered is J 2010.	anuary 1, 2010, th	hrough December 31,	Leaving Office: Date Left (Check one)	20
The period covered is/. 2010.	, th	rough December 31,	<ul> <li>The period covered is Janual leaving office.</li> </ul>	ary 1, 2010, through the date of
Assuming Office: Date		,	<ul> <li>The period covered is</li> <li>of leaving office,</li> </ul>	_/, through the date
Candidate: Election Year	<del></del>	Office sought, if differ	ent than Part 1;	
4. Schedule Summary			·	
Check applicable schedules or "Nor	ie."	<b>►</b> To	tal number of pages including this co	7
Schedule A-1 - Investments - sch	redule attached	Г	Schedule C - Income, Loans, & Busin	ess Positions - schedule attached
Schedule A-2 - Investments - sch	edule attached	×	Schedule D - Income - Gifts - sched	ule attached
Schedule B - Real Property – sch	edule attached	X	Schedule E - Income - Gifts - Travel	Payments - schedule attached
	☐ None -	-or- No reportable interests	s on any schedule	
-		·	·	
·				
herein and in any attached schedules in	-	-		
I certify under penalty of perjury und	iei ine iaws of ti	ie olale di Galifornia	uiat U	
Date Signed 3/1/20/1	ear)	_ Sign	ature _	

### SCHEDULE A-2 Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

•

Torves

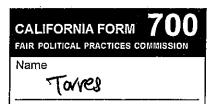
► 1. BUSINESS ENTITY OR TRUST	▶ 1. BUSINESS ENTITY OR TRUST
LT Flooring Company	1
Name 1320 Hillcrest Drive, Pomona, CA 91768	Name
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one  Trust, go to 2  Business Entity, complete the box, then go to 2	Check one  Trust, go to 2  Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF BUSINESS ACTIVITY Flooring	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  \$2,000 - \$10,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  \$2,000 - \$10,000
NATURE OF INVESTMENT  ☑ Sole Proprietorship ☐ Partnership ☐	NATURE OF INVESTMENT Sole Proprietorship Partnership
YOUR BUSINESS POSITION Spousal Interest Other	YOUR BUSINESS POSITION
➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
⊠ \$0 - \$499	\$0 - \$499 \$10,001 - \$100,000
S500 - \$1,000 OVER \$100,000 S1,001 - \$10,000	\$500 - \$1,000
➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)	➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)
▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD <u>BY</u> THE BUSINESS ENTITY OR TRUST	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST
Check one box:	Check one box:
☐ INVESTMENT ☐ REAL PROPERTY	☐ INVESTMENT ☐ REAL PROPERTY
Name of Business Entity <u>or</u> Street Address or Assessor's Parcel Number of Real Property	Name of Business Entity <u>or</u> Street Address or Assessor's Parcel Number of Real Property
Description of Business Activity <u>or</u> City or Other Precise Location of Real Property	Description of Business Activity <u>or</u> City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000 \$10,001 - \$100,000 \$10,001 - \$100,000	\$2,000 - \$10,000   \$10,001 - \$100,000
\$100,001 - \$100,000 ACQUIRED DISPOSED  Over \$1,000,000	\$10,001 - \$100,000
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached
Comments:	FPPC Form 700 (2010/2011) Sch. A-2

## **SCHEDULE B** Interests in Real Property (Including Rental Income)

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION Name Torres

► STREET ADDRESS OR PRECISE LOCATION	➤ STREET ADDRESS OR PRECISE LOCATION
501 Brookside Lane	
CITY	CITY
Pomona, CA 91767	
FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$2,000 - \$10,000	FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$2,000 - \$10,000
NATURE OF INTEREST	NATURE OF INTEREST
	Ownership/Deed of Trust Easement
Leasehold	LeaseholdOther
IE DENTAL BRODERTY CROSS INCOME BECCHIER	
IF RENTAL PROPERTY, GROSS INCOME RECEIVED  \$0 - \$499	IF RENTAL PROPERTY, GROSS INCOME RECEIVED  ☐ \$0 - \$499  ☐ \$500 - \$1,000  ☐ \$1,001 - \$10,000
\$10,001 - \$100,000 OVER \$100,000	\$10,001 - \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
Chysawndra Van Etten	
	lending institutions made in the lender's regular course plic without regard to your official status. Personal loans f business must be disclosed as follows:
NAME OF LENDER*	NAME OF LENDER*
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF LENDER	BUSINESS ACTIVITY, IF ANY, OF LENDER
INTEREST RATE TERM (Months/Years)	INTEREST RATE TERM (Months/Years)
%	%
HIGHEST BALANCE DURING REPORTING DECICE	LIIOUEST BALANCE BURING RESCONICE SECTION
HIGHEST BALANCE DURING REPORTING PERIOD  \$500 - \$1,000 \$1,001 - \$10,000	HIGHEST BALANCE DURING REPORTING PERIOD  \$500 - \$1,000 \$1,001 - \$10,000
S10,001 - \$10,000 OVER \$100,000	\$10,001 - \$10,000 OVER \$100,000
Guarantor, if applicable	Guarantor, if applicable
comments:	•

## SCHEDULE D Income - Gifts



► NAME OF SOURCE	► NAME OF SOURCE
See attached.	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT	(S) DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
	\$
	\$
	\$
NAME OF SOURCE	► NAME OF SOURCE
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT	(S) DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
	<b> </b>
NAME OF SOURCE	NAME OF SOURCE
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(	S) DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
\$	\$
\$	
Comments:	

#### Norma Torres Form 700 Schedule D - Gifts

NAME OF SOURCE	ADDRESS OF SOURCE	BUSINESS ACTIVITY, IF ANY OF SOURGE	DATIE	MALUE	DESCRIPTION OF GIFT(S)
And the second of the second o	(Business Address Addeptable)	OFSOURCE	Selection (mm/de/kyy) - Maren e W Angles Control of Control		and the second s
California Tribal Business Alliance	1530 J St., Ste. 250 Sacramento, CA 95814		01/12/10	\$92.68	Food and beverages
California Healthcare Insurance Companies	1020 Prospect St., Ste. 310 La Jolla, CA 92037	Health Insurance	02/02/10	\$205.30	Food and beverages
Casa Colina	255 East Bonita Ave. Pomona, CA 91767		02/20/10		Food and beverages
San Bernardino/Riverside Central Labor Council	1074 E. LaCadena Dr., Ste. 1 Riverside, CA 92507		03/08/10		Food and beverages
Kaiser Foundation Health Plan	1215 K St., Ste. 230 Sacramento, CA 95814	Health Insurance	05/11/10		Food and beverages
Klamath Alliance for Resources and Environment	P.O. Box 1234 Yreka, CA 96097		05/13/10 - 05/14/10	\$399,63	Travel, food and beverages for spouse accompanying filer
Californians Allied for Patient Protection	1215 K St., Ste. 2015 Sacramento, CA 95814		06/01/10	\$200.00	Event ticket, food and beverages
California Issues Forum	1717 I St. Sacramento, CA 95811		06/21/10	\$105.34	Food and beverages
John A. Perez for Assembly	777 S. Figueroa St., Ste. 4050 Los Angeles, CA 90017		12/06/10	\$110.00	Leather portfolio
·		-			
					<u></u>
		· · · · · · · · · · · · · · · · · · ·			

# SCHEDULE E Income – Gifts Travel Payments, Advances, and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Torres

- · Reminder you must mark the gift or income box.
- · You are not required to report income from government agencies.
- You may mark the box 501(c)(3) for a travel payment received from a nonprofit 501(c)(3) organization. When the payment is a gift it is reportable but is not subject to the \$420 gift limit.

NAME OF SOURCE	► NAME OF SOURCE
See attached.	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
CITY AND STATE	CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)	BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
DATE(S):/	DATE(S):
TYPE OF PAYMENT: (must check one)	TYPE OF PAYMENT: (must check one) Gift Income
DESCRIPTION:	DESCRIPTION:
NAME OF SOURCE	► NAME OF SOURCE
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
CITY AND STATE	CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)	BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
DATE(S): AMT: \$	DATE(S):/
TYPE OF PAYMENT: (must check one) Gift Income	TYPE OF PAYMENT: (must check one)
DESCRIPTION:	DESCRIPTION:
,	
Comments:	

#### Norma Torres Form 700

#### Schedule E - Travel Payments, Advances and Reimbursements

NAME OF SOURCE	Aportess of source (Business Acodoes Acceptable)	BUSINESSAGTIVAY, DAVE(S) IFANY OF SOURCE (Inin/dd/yy) (Iterofilicable)	АМОЛИЦ.	TYPE OF PAYMENT (Chitochrome)	DESCRIPTION
Klamath Alliance for Resources and Environment	P.O. Box 1234 Yreka, CA 96097	05/13/10 - 05/14/10	\$599.65	Gift	Travel, hotel accommodations, food and beverages, tote bag in connection with panel participation.
California Issues Forum	1717 I St. Sacramento, CA 95811	12/13//10 - 12/14/10	\$1,199.25	Gift	Hotel accommodations, food and beverages in connection with panel participation.
California Issues Forum	1717 I St. Sacramento, CA 95811	08/05/10	\$329.59	Gift	Hotel accommodations, food and beverages in connection with panel participation.

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#### Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

AMENDMENT

STREET ADDRESS OR PRECISE LOCATION	► STREET ADDRESS OR PRECISE LOCATION
501 Brookside Lane	
CITY	CITY
Domana CA 04767	
Pomona, CA 91767	CARD MARKET WALLE
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  \$\Begin{align*} \text{FAIR MARKET VALUE} & \text{IF APPLICABLE, LIST DATE:}  \Begin{align*} \text{TAIR MARKET VALUE} & TAIR MARKET V	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
□ \$10,001 - \$100,000	\$10,001 - \$100,000/
\$100,001 - \$1,000,000 ACQUIRED DISPOSED	\$100,001 - \$1,000,000 ACQUIRED DISPOSED
Over \$1,000,000	Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
◯ Ownership/Deed of Trust ☐ Easement	Ownership/Deed of Trust Easement
Leasehold   Other	Leasehold Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
S0 - \$499 S500 - \$1,000 S1,001 - \$10,000	☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
∑ \$10,001 - \$100,000 ☐ OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
Chysawndra Van Etten	
You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans	Comments:  R A C F A REC CES
received not in a lender's regular course of	The Committee of the Co
business must be disclosed as follows:	
+	<u>ω Ξο</u>
NAME OF LENDER*	Verification
	Print Name Norma Torres O
ADDRESS (Business Address Acceptable)	
	Office, Agency California State Assembly
BUSINESS ACTIVITY, IF ANY, OF LENDER	Statement Type  2010/2011 Annual  Assuming Leaving  Candidate
INTEREST RATE TERM (Months/Years)	I have used all reasonable diligence in preparing this statement. I have
%	reviewed this statement and to the best of my knowledge the information
	contained herein and in any attached schedules is true and complete.
HIGHEST SALANCE DURING REPORTING PERIOD	I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
\$500 - \$1,000 \$1,001 - \$10,000	11/01/11
S10,001 - \$100,000 OVER \$100,000	Date Signed (d)(5)
Guarantor, if applicable	
	Signatur